

**FORMULÁRIO DE CANDIDATURA**

**BOLSA DE RECRUTAMENTO DE ASSISTENTE OPERACIONAL**

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| **Bolsa a que se candidata:****(colocar uma cruz na opção ou opções)** |  **Início Para contratos sem termo** |  **Para contratos a termo**  |
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**1. DADOS PESSOAIS**

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**Nome**

**completo:**

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| **Data de nascimento:** |  |  |  |  |  |  |  |  |  |  |  | **Sexo:** | **Masculino** |  | **Feminino** |  |

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| **Nacionalidade:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Morada:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Código Postal:** |  |  |  |  |  |  |  |  |  | **Localidade:** |  |

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| **Concelho de residência:** |  |  |  |  |  |  |  |  |  |  |

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| **Telefone:** |  |  |  |  |  |  |  |  |  |  | **Telemóvel:** |  |  |  |  |  |  |  |  |  |

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| **Endereço eletrónico:** |  |  |  |  |  |  |  |  |  |  |

**2. NÍVEL HABILITACIONAL**

**Assinale o quadrado apropriado:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **01** | 12.º ANO |   |
|  | **02** | Licenciatura/Mestrado integrado |   |
|  | **03** | Outro (especificando) |   |
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**3. EXPERIÊNCIA PROFISSIONAL E FUNÇÕES EXERCIDAS**

**3.1 Experiência, como Assistente Operacional, na área hospitalar/saúde:**

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| **Sim** |  **Não** |

**3.2 Experiência profissional:**

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**3.3 Funções exercidas, diretamente relacionadas/com relevância com o posto de trabalho a que se candidata:**

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| **Funções** |  **Data Data** |
|  **Início Início** |  **Fim**  |
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**4. DECLARAÇÃO**

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**Declaro que são verdadeiras as informações acima prestadas, bem como as informações constantes no *currículum* que**

**junto.**

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| **Localidade:** |  |  |  |  |  |  |  |  |  |  |  **Data:** |  |

**Assinatura**

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|  |  **Início Sim** |  **Não**  |
| **Disponibilidade imediata** |  |  |

**Documentos que anexa à candidatura:**

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| ***Currículum*** |  |  |  |
| **Fotocópia Certificado Habilitações** |  |  | **Outros:** |